## RECEIVED **CENTRAL FAX CENTER**

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |   |                                   |  |   | Docket Number (Optional)                                       |   |
|---|---|-----------------------------------|--|---|--|---|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |   |                                   |  |   | 645-167  |   |
| Application Number 10/773,934   |   |                                   |  |   | Filed February 6, 2004   |   |
| For ULTRA LOW EXPANSION TRANSPARENT GLASS-C   |   |                                   |  |   | <u> </u>   |   |
| Art Unit 1755   |   |                                   |  |   | Examiner Charles E. Cooley                                     |   |
| This  | s is a rec<br>lication.   | quest unde                        | er the provisions of 37 CF                           | FR 1.136(a) to extend the perio   |  |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |                                   |  |   |  |   |
|   |   |                                   |  | <u>Fee</u>  | Small Entity Fee   | 120.00  |
|   | X   | One mo                            | nth (37 CFR 1.17(a)(1))                              | \$120   | \$60   | s_120.00  |
|   |   | Two mo                            | nths (37 CFR 1.17(a)(2))                             | \$450   | \$225  | \$  |
|   |   | Three m                           | onths (37 CFR 1.17(a)(3                              | )) \$1020   | \$510  | \$  |
|   |   | Four mo                           | nths (37 CFR 1.17(a)(4))                             | \$1590  | \$795  | \$  |
| , ·   |   | Five mo                           | nths (37 CFR 1.17(a)(5))                             | \$2160  | \$1080   | \$  |
| $\Box$  | Applice   | nt claims                         | small entity status. See 3                           | 7 CFR 1.27.   |  |   |
| A check in the amount of the fee is enclosed.   |   |                                   |  |   |  |   |
| $\overline{\Box}$   | Payment by credit card. Form PTO-2038 is attached.  |                                   |  |   |  |   |
|   | ,   |                                   |  |   | oplication to a Dane   | -it A   |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                                   |  |   |  |   |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number I have enclosed a duplicate copy of this sheet.    |   |                                   |  |   |  |   |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.<br>Provide credit card information and authorization on PTO-2038. |   |                                   |  |   |  |   |
|   |   | 0.00.00.00.0                      |  | ation on F10-2035.  |  |   |
| lar   | n the   |                                   | pplicant/inventor.                                   |   |  | RECEIVED<br>OIPE/IAP  |
|   | assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed (For |                                   |  |   | orm PTO/SB/96).  | AUG 2 2 2005  |
|   |   | X at                              | tomey or agent of reco                               | ord, Registration Number  | 25,669   |   |
|   |   | at                                | torney or agent under<br>Registration number if acti |   |  |   |
| -   | - the care  |                                   |  | August 19, 2005   |  |   |
|   | James V. Costigan  Typed or printed name  |                                   |  |   | Date 212-302-8989  |   |
| _   |   |                                   |  |   | Telephone Number   |   |
| NOTE<br>signati   | : Signəture<br>: pequ   | es of all the in<br>ired, see bel | eventors or easignees of record<br>ow.               | of the entire Interest or their representa  | tive(s) are required. Submit r                                 | multiple forms if more than one                             |
| X   | Total o   |                                   | 1 for  | ms are submitted.   |  |   |
| omplete<br>ommen  | e, including  | gathering, pathering              | ercparing, and submitting the co                     | he information is required to obtain or n<br>by 35 U.S.C. 122 and 37 CFR 1.11 and<br>milled application form to the USPTO<br>orm and/or suggestions for reducing this<br>ros, P.O. Box 1450, Alexandria, VA 223 | 1 1.14. This collection is estill.  Time will vary depending u | mated to take 6 minutes to<br>ipon the individual case. Any |

FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and salect option 2.

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